

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

10/524082
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		5				
7		1				
8		5				
9		5				
10		5				
11	1					
12		1				
13		1				
14		1				
15		1				
16		1				
17	1					
18		1				
19	1					
20		1				
21		1				
22		1				
23		1				
24		5				
25		1				
26		5				
27		5				
28		5				
29		1				
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31		1				
32	1					
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49						
50						
TOTAL IND.	6	↓		↓		↓
TOTAL DEP.	22	←		←		←
TOTAL CLAIMS	28					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						